

## Example Health Care Provider Directory Data Template

Field	Entity	Type/Format	Possible/Allowed Value	Description
ProviderID	PROVIDER	ALPHANUMERIC(30)	Optional	Carrier's internal data ID number for reference, data integrity, not for consumer display. This field is used during maintenance to determine whether a provider was added, deleted or updated.
Facility Name	PROVIDER	ALPHANUMERIC(150)	Required for facilities. Null for individuals	Should be null for individuals/practitioners, and only populated for facilities.
Associated Clinic Name	PROVIDER	ALPHANUMERIC(150)	Optional for individuals. Null for facilities	Only populate for individuals/practitioners rows. Their office location might have another name, besides the person's name. <b>Don't use this field for hospital affiliations or Facility Name.</b>
Last Name	PROVIDER	ALPHANUMERIC(50)	Null for facilities, but required for individuals	Null except for individuals/practitioners
First Name	PROVIDER	ALPHANUMERIC(50)	Null for facilities, but required for individuals	Null except for individuals/practitioners
Middle Initial	PROVIDER	ALPHANUMERIC(25)	Optional	Null except for individuals/practitioners
Degree	PROVIDER	ALPHANUMERIC(25)	Null for facilities, but required for individuals	Examples: "MD", "DDS", "RN", Optional but desired
Gender	PROVIDER	"M", "F" or null for facilities	Optional	
Office Street Address	PROVIDER	ALPHANUMERIC(80)	Required	
Office Suite	PROVIDER	ALPHANUMERIC(80)	Optional	For map reading software, it's best to separate out suite #
Office City	PROVIDER	ALPHANUMERIC(30)	Required	
Office State	PROVIDER	ALPHANUMERIC(2)	Required	

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Field	Entity	Type/Format	Possible/Allowed Value	Description
Office Zip	PROVIDER	NUMBER	Required	
Office Phone	PROVIDER	ALPHANUMERIC(100)	(111) 111-1111 Required	Use ";" to delimit up to 9 different phone numbers
Office Fax	PROVIDER	ALPHANUMERIC(100)	(111) 111-1111 Optional	Use ";" to delimit up to 9 different phone numbers
Office Email	PROVIDER	ALPHANUMERIC(50)		
Is PCP?	PROVIDER	ALPHANUMERIC	Optional "Y", "N", or null	Is this a Primary Care Provider?
Accept New Patients?	PROVIDER		Optional "Y", "N", or null	Suggest populate "Y" if the provider accept new patients under any circumstance, otherwise the carrier's plans will be excluded from some searches.
PCP #	PROVIDER	ALPHANUMERIC(50)	Optional	Optional but desired, if carrier prefers consumers use code numbers to identify providers
NPI	PROVIDER	ALPHANUMERIC	Optional	Carrier's discretion whether to use individual or location NPI numbers.
Provider Type	PROVIDER	ALPHANUMERIC(200)	Required if there is no other way to identify hospitals	Use ";" to delimit up to 5 provider types. The values for this field vary from carrier to carrier. What is key and required is that Hospitals be identified. No standard values, but examples are: Physician, PCP, Specialist, Hospital, Clinic, Lab, Pharmacy, Skilled Nursing Facility, Hospice, DME
Primary Specialty	PROVIDER	ALPHANUMERIC(200)	Required for individuals, optional for facilities	Use ";" to delimit up to 5 primary specialties. Please give

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Field	Entity	Type/Format	Possible/Allowed Value	Description
				description rather than code.
Primary Specialty Board Certification	PROVIDER	ALPHANUMERIC	"CERT", "ELIG", "NAPP", "NCRT", or null  Optional	"CERT" = Board certified "ELIG" = Eligible or trained for certification "NAPP" = Board certification not applicable (for some specialties) "NCRT" = Not board certified "GRDF" = Grandfathered "UDSV" = Underserved Use ";" to delimit up to 5 provider primary specialty codes. 1 <sup>st</sup> code should correspond to 1 <sup>st</sup> primary specialty, etc... Leave as null if unknown
Secondary Specialty	PROVIDER	ALPHANUMERIC(200)	Optional	Use ";" to delimit up to 5 secondary specialties. Please give description rather than code.
Secondary Specialty Board Certification	PROVIDER		"CERT", "ELIG", "NAPP", "NCRT", or null  Optional	"CERT" = Board certified "ELIG" = Eligible or trained for certification "NAPP" = Board certification not applicable (for some specialties) "NCRT" = Not board certified "GRDF" = Grandfathered "UDSV" = Underserved Use ";" to delimit up to 5 secondary specialty certification codes. 1 <sup>st</sup> code should correspond to 1 <sup>st</sup> secondary specialty, etc... Leave as null if unknown
Hospital Accreditations	PROVIDER	ALPHANUMERIC(150)	char per accreditation, like an affiliation  Optional, but null for non-	Hospital accreditations as defined by NCQA RR5. Recommend the acronym, i.e. "CARF", not "Commission on Accreditation of Rehabilitation Facilities".

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Field	Entity	Type/Format	Possible/Allowed Value	Description
			Hospital rows	Use ";" to delimit up to 5 accreditations
Medical School	PROVIDER	VARCHAR(200)	Optional	Including "Medical school Internship" and "Medical School Resident" fields.
Medical School Internship	PROVIDER		Optional	
Medical School Resident	PROVIDER		Optional	
Secondary Language	PROVIDER	ALPHANUMERIC(40)	Optional	Use ";" to delimit up to 10 secondary languages.
Hospital Affiliation	PROVIDER	ALPHANUMERIC(150)	Optional	Hospital affiliations as defined by NCQA RR5.  Use ";" to separate up to 10 hospital affiliations
Medical Group Affiliation	PROVIDER	ALPHANUMERIC(150)	Optional  Including "Associated Clinic Name" field	Medical Groups as defined by NCQA RR5.  Use ";" to separate up to 10 professional medical group affiliations
Provider Specific Disclaimers	PROVIDER	ALPHANUMERIC(1000)	Optional	Provider specific restrictions or disclaimers. Examples: "PCP must authorize for in-network rates", "This provider is only available to residents of Cook county". "In office surgery not available at this location"
Network	PROVIDER	ALPHANUMERIC(50)	Required	Commercial name of network. Distinguishes between different HMO, PPO, or a premier/saver network. If same provider is in multiple networks, please repeat the row. Same provider, different network means 2 provider rows differing only by Network.